

Please type a plus sign (+) inside this box ☒

**UTILITY
PATENT APPLICATION
TRANSMITTAL**

Attorney Docket No.

JAB-1626

First Inventor

Jean F.A. Lacrampe et al.

Title

NOVEL IL-5 INHIBITING 6-AZAUACIL DERIVATIVES

Express Mail Label No.

EL691441412US

APPLICATION ELEMENTS

See MPEP Chapter 600 concerning utility patent application contents.

ADDRESS TO:

Commissioner for Patents
Box Patent Application
Washington, DC 20231

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)
(submit an original and a duplicate for fee processing)

2. ☐ Applicant claims small entity status.

3. ☒ Specification [Total Pages 77]

(Preferred arrangement set forth below)

- Descriptive Title of the Invention
- Cross Reference to Related Applications
- Statement Regarding Fed sponsored R&D
- Reference to sequence listing, a table, or a computer program listing appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure

4. ☐ Drawing(s) (35 USC 113) [Total Sheets]

5. Oath or Declaration [Total Pages 3]

a. ☐ Newly executed (original or copy)

b. ☒ Copy from a prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 18 completed)

i. ☐ **DELETION OF INVENTOR(S)**

Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).

6. ☐ Application Data Sheet. See 37 CFR 1.76

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)

8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)

a. ☐ Computer Readable Form (CRF)

b. ☐ Specification Sequence Listing on:

i. ☐ CD-ROM or CD-R (2 copies); or

ii. ☐ paper

c. ☐ Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

9. ☐ Assignment Papers (cover sheet & document(s))

10. ☐ 37 CFR 3.73(b) Statement ☐ Power of Attorney
(when there is an assignee)

11. ☐ English Translation Document (if applicable)

12. ☒ Information Disclosure Statement

(IDS)/PTO-1449

☒ Copies of IDS Citations

13. ☒ Preliminary Amendment

14. ☒ Return Receipt Postcard (MPEP 503)

(Should be specifically itemized)

15. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)

16. ☐ Request and Certifications under 35 U.S.C. 122
(b)(2)(B)(i). Applicant must attach form
PTO/SB/35 or its equivalent.

17. ☐ Other

18. ☒ If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☒ Continuation ☐ Divisional ☐ Continuation-in-Part (CIP) of prior application No.: 09/462,320, filed January 5, 2000.

Prior application information: Examiner V. Balasubramanian Group Art Unit: 1624

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label 000027777 or ☐ Correspondence Address below

Name: Philip S. Johnson, Esq.

Address: Johnson & Johnson

One Johnson & Johnson Plaza

New Brunswick, NJ 08933-7003 USA

20. TELEPHONE CONTACT

Please direct all telephone calls or telefaxes to Ellen Ciambrone Coletti at:

Telephone: (732) 524-2359

Fax: (732) 524-2808

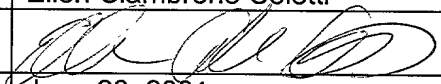
21. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

NAME

Ellen Ciambrone Coletti

Reg. No. 34140

SIGNATURE



DATE

June 26, 2001

1059230-033T550

FEE TRANSMITTAL	<i>Complete if Known</i>	
	Application Number	
	Filing Date	
	First Named Inventor	Jean Lacrampe et al.
	Group Art Unit	
	Examiner Name	
	Attorney Docket Number	JAB-1626


FEE CALCULATION

CLAIMS AS FILED

(1)	(2)	(3)	(4)	(5)
FOR:	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$710.00
TOTAL CLAIMS	12 - 20 =	0	x 18.00	\$ 0.00
INDEPENDENT CLAIMS	2 - 3 =	0	x 80.00	\$ 0.00
MULTIPLE DEPENDENT CLAIMS	<input type="checkbox"/>	N/A	\$270.00	
			TOTAL FEES	\$ 710.00

METHOD OF PAYMENT

- ☒ Please charge Deposit Account No. 10-0750/JAB-1626/ECC in the amount of \$710.00. Three copies of this sheet are enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750/JAB-1626/ECC. Three copies of this sheet are enclosed.

SUBMITTED BY:		<i>Complete (if applicable)</i>
Typed or Printed Name	Ellen Ciambone Coletti	Reg. No. 34,140
Signature		Date: 6/26/01
		Deposit Account No. 10-0750

Applicant: Jean F.A. Lacrampe, FEdy J.E. Freyne, Marc G. Venet, and Gustaaf M. Boeckx

Express Mail Certificate

Date of Deposit: June 26, 2001

Karen Hall-Morgan
(Typed or printed name of person mailing paper or fee)

Karen Hall-Morgan
(Signature of person mailing paper or fee)